

**Approval Request for:  
Extra Service/Also Receives/Summer Session**  
(SUNY ESF employees—payment for services rendered to SUNY ESF)

Upon completion -  
Return to 216 Bray Hall

\_\_\_\_\_ Extra Service (services rendered outside current department/position)  
 \_\_\_\_\_ Also Receives (overload or additional duties within current department/position)  
 \_\_\_\_\_ Summer Session (For SUNY ESF Academic Year Employees only)

**Completed by Unit Head/Department Chair of Additional Service (prior to commencement of additional service)**

Employee Name: \_\_\_\_\_  
 Additional Service Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Current Title: \_\_\_\_\_  
 Unit/Department: \_\_\_\_\_  
 Description of Services to be Provided: \_\_\_\_\_  
 \_\_\_\_\_  
 Schedule of Services (days of week/hours): \_\_\_\_\_  
 Account #: \_\_\_\_\_ Additional Services Compensation: \$ \_\_\_\_\_ Biweekly \_\_\_\_\_ Total Compensation \_\_\_\_\_  
 Type of Service: \_\_\_\_\_ Instructional or \_\_\_\_\_ Non-Instructional  
 Signature of Unit Head/Chair (requesting additional services): \_\_\_\_\_ Date: \_\_\_\_\_  
*For Academic Affairs Only:*  
 Signature of Assistant VP for Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_  
*For All:* \_\_\_\_\_ Date: \_\_\_\_\_  
 Vice President/Executive Officer(*print name*) \_\_\_\_\_ Vice President/Executive Officer (*signature*) \_\_\_\_\_

**Completed by Current Unit Head/Department Chair (if not the one requesting additional services)**

\_\_\_\_\_ Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_ Recommended with the following limitations:  
 Limitations: \_\_\_\_\_  
 \_\_\_\_\_  
 Current Unit Head/Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**President's Approval**

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Approved with the following limitations:  
 Limitations: \_\_\_\_\_  
 \_\_\_\_\_  
 President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee's Signature**

I accept this additional service and certify that it will not interfere with my professional obligation to the college. If category is Extra Service, I agree to complete Certification of Obligation form (next page) monthly.  
 Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Human Resources Office**

Additional Service Title: \_\_\_\_\_ Copies: \_\_\_\_\_ Original in HR File \_\_\_\_\_ Employee Copy \_\_\_\_\_ Payroll \_\_\_\_\_  
 Line # \_\_\_\_\_ \_\_\_\_\_ Unit Head/Department Chair that is requesting additional services \_\_\_\_\_  
**Current Salary:** \_\_\_\_\_ \_\_\_\_\_ Current Unit Head/Department Chair (if different than above) \_\_\_\_\_

**EXTRA SERVICE CERTIFICATION:**

To be completed monthly for the Category of Extra Service by  
a SUNY ESF employee at SUNY ESF.

Employee Name: \_\_\_\_\_

Extra Service Unit/Department: \_\_\_\_\_

Month Ending: \_\_\_\_\_

\_\_\_\_\_ I certify I met my obligation during the month.

\_\_\_\_\_ I certify I met my obligation during the month with the exception of the following:

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Extra Service Unit Head/Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Completed form to:**  
**SUNY ESF Human Resources Office**  
**216 Bray Hall**  
**315-470-6611**